

<b>POLICY OF</b>  <b>STATE OF DELAWARE</b>  <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b>  A-10.1	<b>PAGE NUMBER</b>  1 OF 4
	<b>RELATED NCCHC/ACA STANDARDS:</b>  P-A-10, P-A-05/4-4425	
<b>CHAPTER: 11 HEALTH SERVICES</b>	<b>SUBJECT: MORTALITY AND MORBIDITY REVIEW</b>	
<b>APPROVED BY THE COMMISSIONER:</b>		
<b>EFFECTIVE DATE: 11-19-07</b>		

**PURPOSE:**

To systematically review inmate deaths in order to identify opportunities for improving the quality of service provided.

**POLICY:**

1. At the time of an inmate's death, designated institutional staff, the site Medical Director, Office of Health Services Director or designee, and the site Health Service Administrator staff will be notified immediately. The Regional Medical Director will be notified the next business day by the site Medical Director.
2. At the time of death the original inmate chart will be secured by the facility warden. Copies will be made for medical records, central office, and Medical Society of Delaware.
3. Immediately after medical staff present at time of death have completed their documentation, or after the hospital has notified site staff of inmate death, one copy of the medical record will be made. The copy will be secured in the Health Services Unit with access limited to the Medical Director, Health Services Administrator or designee. The original medical record is maintained according to institutional directive, secured by the facility warden as noted above.
4. All inmate deaths will require a review of the inmate's chart by the site Medical Director and a confidential death summary report per form "Report of Death" within 24 hours of the inmate's death and submitted to Office of Health Services and Regional Medical Director.
5. All inmate deaths will require a Mortality and Morbidity Review by the DOC Mortality and Morbidity Review Committee within 30 days of the inmate's death.

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b>  A-10.1	<b>PAGE NUMBER</b>  2 OF 4
<b>SUBJECT: MORTALITY AND MORBIDITY REVIEW</b>		

6. A psychological autopsy for a suicide may be completed within 30 days of the event in the Mental Health Director feels it would assist family and staff to better understand the rationale behind the event.
7. Mortality and Morbidity Review is a peer to peer process. Confidentiality of information will be consistent with Title 16, Delaware Code §§ 1230, 1231 and 1232.
8. DOC and Federal Report of Death form will be completed by Office of Health Services staff.
9. Participants in the Mortality and Morbidity Review will be determined by the Office of Health Services to include the following:
  - I. Warden or designee
  - II. Site Medical Director
  - III. Site Health Services Administrator
  - IV. Medical vendor Regional Medical Director
  - V. Attending Physician or Healthcare Practitioner
  - VI. Statewide Director of Nursing
  - VII. Site Mental Health Director
  - VIII. Director, Office of Health Services
10. A formal written report of the Mortality and Morbidity Review will be completed. Report is confidential and will include:
  - I. Presentation of case
    - A. Past medical history
    - B. Presentation of present illness
    - C. Current medications

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b>	<b>PAGE NUMBER</b>
	A-10.1	3 OF 4
<b>SUBJECT: MORTALITY AND MORBIDITY REVIEW</b>		

D. Medical and surgical Procedures

E. Timeliness and appropriateness of response

I. Differential diagnoses

II. Clinical diagnoses

III. Pathological discussions and laboratory results

IV. Medical Examiner report

V. Case Summary

VI. Summary of 24 hour initial Mortality and Morbidity Review

V. Possible problems identified

A. Emergency response

B. Medical care preceding terminal event

C. Medical care, unrelated to death

D. Institutional

VII. Recommendation(s)

A. Improvement strategies related to all items noted in V. should be included.

B. Identify specific parties responsible for implementing improvement strategies, including time lines.

11. Mortality and Morbidity Data Tracked

I. Cause of death

II. Date, place and time

III. Types of death

A. Natural

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER  A-10.1	PAGE NUMBER  4 OF 4
<b>SUBJECT: MORTALITY AND MORBIDITY REVIEW</b>		

B. Homicide

C. Suicide

D. Undetermined

#### IV. Categories of death

A. Expected

B. Unexpected

#### References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-10 P-A 06

American Correctional Association: Standards for Adult Correctional Institution, 4th Edition, 2003 4-4425